



DAVIS COUNTY HEALTH DEPARTMENT

Communicable Disease & Epidemiology Division

Davis County Health Department

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Health Update

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Measles Update

Since the beginning of April 2011, nine confirmed cases of measles have been reported in Utah, all in residents of Salt Lake County. The Davis County Health Department has investigated a number of suspect measles cases but has not identified any confirmed measles cases to date in Davis County residents. A few suspect cases are still under investigation.

In mid-April, a Salt Lake County resident with laboratory confirmed measles attended two large events in Salt Lake City where hundreds of people were potentially exposed. We expect that any measles cases resulting from these exposures would be experiencing symptoms now or within the next couple of days.

We encourage health care providers to continue to maintain a high level of suspicion for measles in patients with febrile rash illnesses. Measles typically presents as an illness with a 2-4 day prodrome of high fever ($\geq 101^{\circ}$ F) followed by respiratory symptoms including cough, runny nose, and/or conjunctivitis. This is followed by a maculopapular rash that begins on the face (often at the hairline) and becomes generalized lasting 5-6 days. Koplik's spots (blue-white spots on the buccal mucosa) are often present from 2 days before to 2 days after rash onset and are considered pathognomonic for measles.

Rash illnesses that do not include a high fever, a rash lasting at least 3 days, or respiratory symptoms, are probably not due to measles. Factors that increase suspicion for measles infection include: exposure to a known case, international travel, and known susceptibility to measles (unvaccinated).

Patients seen with rash illnesses that are highly suspicious for measles should be reported to the Davis County Health Department immediately.

Laboratory testing is essential to confirm the diagnosis of measles and includes rubeola IgG and IgM serology. If blood is collected within 3 days of rash onset a false negative IgM may occur. Urine and respiratory specimens (nasal wash, NP swab or throat swab) should also be obtained for viral culture. Other diseases (particularly parvovirus) and recent MMR vaccination can cause false positive rubeola IgM results. Concurrent serologic testing for parvovirus may be useful to rule out other possible causes of rash illness.

More information on measles testing is available at:
<http://health.utah.gov/epi/diseases/measles/plan/MeaslesPlan08242010.pdf>

A measles case is considered a public health emergency warranting an immediate public health response. Any suspect or confirmed case of measles should be reported immediately to the Davis County Health Department Disease Reporting Hotline at (801) 525-5220. Do not wait for laboratory confirmation to report a suspect case.